Child Soldiers

Children Associated with Fighting Forces

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KEYWORDS

• Child soldier • Trauma • War • Mental health • Gender-based violence

KEY POINTS

- Around the world, there are an estimated 300,000 to 500,000 children involved in armed conflict.
- Children can be abducted into a fighting force to fight or serve as sex slaves.
- Child soldiers have been shown to have depression, anxiety, and posttraumatic stress symptoms.
- Nongovernmental organizations, academic researchers, and clinicians have tried various mental health interventions, with promising results.
- Child and adolescent psychiatrists are uniquely trained in understanding and assisting youth to heal from having endured such extraordinary experiences.

INTRODUCTION

War and armed conflict have claimed the lives of 2 million children in the past decade.[1] Around the world, these wars and armed conflicts have included the conscription of children into armed forces. The term children associated with fighting forces has been used by many working in child protection, instead of the term child soldier, to better represent the diversity of children involved with fighting forces. For the sake of readability, this article uses the colloquial term child soldier or former child soldier to describe children associated with armed forces.

A child soldier is defined as someone "Below 18 years of age who is or has been recruited or used by an armed group in any capacity, including as fighters, cooks, porters, messengers, spies, or for sexual purposes. It does not refer only to a child

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who is taking or has taken a direct part in hostilities."[2] Within this definition, it should be highlighted that child soldiers are not only those who use weapons to pillage villages and engage in mass rapes. In addition, so-called bush girls and boys have also been used for such purposes as human shields, mine sweepers, and guards. This knowledge has important implications for defining who receives services after a ceasefire.

Despite international regulations, in 2006 more than 250,000 children and adolescents were participants in armed forces around the world.[3] Child soldiering is not specific to any country or culture. Limited opportunities for healthy child development, unstable political security, poverty, and population displacement are all factors that can contribute to an environment in which children are not protected from joining the armed forces and are made vulnerable to be exploited. Rebel or terrorist groups may not abide by humanitarian law that protects civilians; therefore, the use of children in these settings can pose even greater risks to children in a war situation.

EXPERIENCE OF A CHILD SOLDIER

The first Global Report on Child Soldiers in 2001 showed that girls and boys were abducted into government forces and armed groups around the world.[4] Many children were forcibly recruited into the armed forces when villages, schools, and homes were raided. Families were threatened with death or severe punishment if the request to take the child was denied. Children as young as 7 years old were both abducted and recruited to fight in the armed forces, because they were thought to be easier to control and were considered to be fearless.[5]

Some countries, such as Sierra Leone and Mozambique, forced children to physically harm their families, kill a family member, or ransack their village, both to prevent them from having a place to come home to (the armed force becoming their new home) and to weaken or disrupt family ties that are often strong in interdependent societies. Often, abduction included witnessing extreme violence.[6] Some children reported joining the armed forces voluntarily; however, when joining was necessary for survival, or when there were few other opportunities for protection, it is unclear how voluntary this was. Some children joined out of revenge, because loved ones were brutally killed or humiliated because of their ethnic or religious affiliations. In many cultures that value ancestry, killing a family member may imply psychological suicide. The soul of the perpetrator becomes unable to be reincarnated, and hence remains in the nebulous space between life and death as a perpetual family outcast. Many believe that the soul could become a revengeful spirit attacking the living with misfortune.[7] Other children were reported to have joined for social inclusion, political ideology, to enter manhood precociously, or to escape exploitation (forced marriage) or abuse.[8] The initiation process of involvement in violence often takes place in steps, making it increasingly difficult for the children to extricate themselves.[9]

When a war ends and ceasefire ensues, the international community usually comes to assist in the process of reintegrating soldiers into civilian life. In many countries, such as Angola, Burundi, Liberia, Nepal, Mozambique, Uganda, and Sierra Leone, disarmament, demobilization, and reintegration (DDR) programs have been designed specifically to assist child soldiers to assimilate back into the civilian world. Disarmament involves soldiers showing that they know how to use weapons, then turning the weapons over. Demobilization then formally disbands the child soldier groups into the civilian world. The third phase is reintegration, in which child soldiers are then placed into the community, where they may face stigma and livelihood hardships with little

economic or educational opportunities that could help meet basic needs. Some basic elements of reintegration programs consist of[10]:

- Interim care centers providing medical and psychosocial care
- Community discussions to sensitize the community about the return and the social inclusion of child soldiers
- Family tracing and reunification assistance
- Community-based systems of monitoring to assist
- Paying for school fees and training in vocational skills and income generation
- Conflict resolution and community sensitization

GENDER-BASED VIOLENCE

Girls also serve as child soldiers during armed combat, some as fighters, and others as cooks and sex slaves. Several reports suggest that they comprise almost 40% of child soldiers worldwide.[11] These experiences often lead to violence, unwanted pregnancies, and later to social stigmatization and abandonment. Many more girls experience severe psychosocial stress compared with the boy soldiers,[12] because sexual violence is more prevalent against girl soldiers[10,13,14] even though boys are vulnerable as well.[15] Kohrt and colleagues[16] reported that girls had lower confidence and prosocial behaviors, and were more likely to have posttraumatic stress disorder (PTSD) if they were soldiers, whereas boys were more likely to have PTSD if they were civilians.

Some girl soldiers are forced to have sexual relations with their chief/commanders, and are left with children as a product of rape. Some even give birth to children on the battlefield.[17] The infant can then become a burden for the girl soldier, who is left alone to care for the child, without financial or social support from the father. In some cases, as the girl soldier grows up, the child can remind her of her perpetrator, creating a strained relationship between mother and child.[15] Stigma against former girl soldiers can be increased for those who have experienced sexual violence, or who have children as a result of rape.[18,19] Being a survivor of sexual violence is taboo in many cultures, because of the notion that women are damaged, impure, or dirty, or the belief of many that the woman is to blame for being violated.[12,20] Not only do girls have the stigma of being raped, they also have the (self) stigma of being a former child soldier. In a study by Betancourt and colleagues,[21] girl soldiers had lower acceptance rates back into the community after the war was over, compared with boy soldiers. Moreover, some girl soldiers were excluded from the DDR programs at the end of the war, because many girls had not had fighter roles but had noncombat roles (cooks, porters, sex slaves). In many instances the aide community offers other services specifically for girl soldiers, in gender-based violence programs.[5]

MENTAL HEALTH OF FORMER CHILD SOLDIERS

Many researchers have studied the mental health of former child soldiers, although most studies use Western constructs of mental health (such as PTSD, depression, and anxiety). Because it is unclear whether these diagnostic frameworks are appropriate in the settings in which former child soldiers live, some researchers use dimensional scales to assess mental distress, or use qualitative interviews to define local mental health constructs.[22] The term cultural concept of distress (CCD) is a new addition to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, defined as “ways that cultural groups experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions.”[23] They are described through (1) cultural syndromes, (2) idioms of distress, and (3) explanations.

Cultural syndromes are described as "clusters of symptoms and attributions that tend to co-occur among individuals in specific cultural groups, communities, or contexts, and that are recognized locally as coherent patterns of experience"[23]; cultural idioms of distress as "ways of expressing distress that may not involve specific symptoms or syndromes, but that provide collective, shared ways of experiencing and talking about personal or social concerns"[23] and (3) cultural explanations of distress or perceived causes as "labels, attributions, or features of an explanatory model that indicate culturally recognized meaning or etiology for symptoms, illness, or distress."[23] Kohrt and colleagues[24] (2013) argued that mental health intervention research should include both psychiatric outcomes and CCDs to ensure that culturally salient indicators of distress are addressed and resolved in treatment.

The literature is still growing, because many studies focus on cross-sectional data and do not have adequate comparison groups. An overview of some mental health studies of former child soldiers, along with longitudinal studies and studies with a comparison group, is provided later. A systematic review of mental health for former child soldiers found that only 10 of 21 studies used validated instruments for the local setting, and only 6 used multivariate approaches.[25] The review found that few studies assessed community and political factors influencing the child soldier experience; there were few scales validated for the local population, but, overall, children have chronic mental health problems after their experience as a child soldier, particularly if exposed to harsh violence and with reintegration stress of few family, community, and economic supports.[22]

When children as young as 7 years old are conscripted into the armed forces during wars that last for more than a decade (eg, Sierra Leone and Liberia), mental health and regular child development are greatly affected.[26] Case studies have shown that being a child in an armed group can lead to disruptions of autonomy, learning adult roles, and caretaking in later years, as well as trust.[23,27] Numerous studies in postconflict countries have shown the adverse mental health consequences of the child soldier experience, although there is large variability related to the differences in methodology of studies. Posttraumatic stress symptoms have been identified in former child soldiers in Uganda[12] and the Democratic Republic of Congo.[28] However, the PTSD rates range from 27%[29] to 97%,[12] or 99%[13] of a sample having PTSD symptoms. When compared, the prevalence of PTSD was higher among former child soldiers than never-conscripted children,[14,26] although other studies found little difference in mental distress between comparison groups.[30,31] Studies show that age of abduction did not have a strong association with postconflict reintegration, except for Betancourt and colleagues[12] (2010), who found that younger age of involvement predicted depressive symptoms.

Studies have also shown that former child soldiers have struggled not only with posttraumatic stress symptoms but general depression and anxiety symptoms as well.[14,18,32] After the war ends and child soldiers return to their homes, many think that they have few vocational skills and are overwhelmed with the stress of finding a job. Some child soldiers report sadness because they spent so many of their growing years in an armed force, when others their age were studying in school or learning other skills about how to work.[15,28] Moreover, child soldiers may feel guilty about their violent actions during the war. A study in Uganda showed that 51% of the former child soldiers perceived themselves as victims and 19% as perpetrators.[33]

Longitudinal Studies

Longitudinal studies can show the longer-term effects of child soldiering on mental health and functioning in youth. One 16-year longitudinal study in Mozambique

collected qualitative data from 39 male former child soldiers and found they became productive and caring adults but continued to struggle with their war memories.[34] Betancourt and colleagues (2012)[31] conduced a 6-year longitudinal study of 259 former child soldiers and 127 self-integrated child soldiers in Sierra Leone and found high rates of depression, anxiety, and hostility, and these rates attenuated over time. Stigma against former child soldiers has been documented for those trying to reintegrate to their communities, who may be feared and marginalized by the community,[7,15,23,35] and this can be a prominent risk factor for mental distress. Longitudinal studies have emphasized several vulnerability and risk factors that have been found to be associated with poorer mental health outcomes in former child soldiers:

- Witnessing, experiencing, and perpetrating violence
- Young age of involvement
- Length of time in armed group
- Family abuse
- Neglect
- Stigma (leading to family and community rejection)
- Disappointment on return home
- Increased social disorder in the community
- Witnessed death of a family member or peer
- Exposure to torture
- Deprivation of food and water
- Being forced to perform rituals
- Killings
- Being a victim of sexual violence

Comparison Groups

When assessing mental health symptoms in the former child soldier population, a comparison group can help further differentiate between abnormal conditions and the general mental distress associated with war and armed conflict. Kohrt and colleagues (2008),[14] compared 141 former child soldiers in Nepal with 141 of their never-conscripted peers, and former child soldiers had more severe depression and PTSD than children never conscripted, even after controlling for trauma exposure. In a much smaller preliminary study by Song and colleagues[36] (2013) of 30 subjects from Burundi, there were no significant differences in mental health issues or aggression between former child soldiers and their gender-matched, age-matched, and village-matched civilian peers.[34]

Intergenerational Trauma

The first series of studies of intergenerational stress between former child soldiers and their children was a preliminary study comparing 15 male and female former child soldiers (now adults) with 15 never-conscripted civilian parents who were matched by age, gender, and village. Eleven children of former child soldiers and 9 children of civilians were also compared.[34] When former child soldiers (now adults) and civilian parents were compared, they had no significant difference in mental health problems. However, among their offspring, children of former child soldiers had significantly more conduct problems, worse coping skills, and felt less connected to community, siblings, and family.[34] A follow-up qualitative study of 40 adults (25 former child soldiers and 15 matched civilians) evaluated how intergenerational stress might be passed from former child soldiers to their children. The study found 3 main ways in which stress was transmitted: through parental discipline shaped by their rebel

experience; severe parental emotional distress; and the community transmission of stress, including stigma.[15] The children of former child soldiers may have had more conduct problems because of the stigma that their parents faced, or if their parents had severe emotional distress that could have strained the parent-child relationship.

Protective Factors for Former Child Soldiers

Some factors have been shown to decrease the probability of having mental health problems. Family acceptance is a critical factor in improving the reintegration process for the former child soldiers back into their communities. In El Salvador, former child soldiers noted that family relationships were the most important factor that helped with reintegration.[30] Many child soldiers can leave the armed forces after the war and return to their home villages, where they may have pillaged or created harm during their recruitment/abduction process. These home communities can hold former child soldiers accountable for the destruction of the social fabric of their communities, and for the deaths or injuries caused to loved ones and neighbors. When child soldiers return, they are not always welcomed by the community. Those child soldiers who felt social support and community acceptance had more prosocial behaviors.[33] Research on former child soldiers in Nepal showed that family and community support predicted lower levels of mental distress and poor functioning. Being from a Buddhist minority ethnic group, being older, having a nuclear family, being abducted into an armed group, and not living in a high-caste society were associated with more social support.[19]

Educational opportunities for former child soldiers after the war are also important in the reintegration process. In general, school can provide an avenue for children to gain social and emotional development in addition to learning an academic curriculum. Because most child soldiers were not attending school, their socialization occurred in the armed group, with little opportunity for individual expression. Some former child soldiers reported multiple social difficulties that arose from their time in war. As child soldiers, they were not allowed to have friendships; to do so meant to put themselves and their friends in danger. If they made a mistake, such as talking out of turn, or were suspected of trying to escape, not only that child soldier but also anyone assumed to be a friend would be punished or killed.[15] Former child soldiers who were are able to return to school had more prosocial behaviors[12] and fewer mental health issues.[37] The years lost when children could have been pursuing education and economic opportunities can continue to be a major stressor for those who are no longer child soldiers. The basic life challenges that former child soldiers face after reintegration can be more difficult to manage than some of the experiences in the war. Despite these challenges, a large number of former child soldiers are able to survive through the war and be productive members of the community.

PSYCHOSOCIAL INTERVENTIONS FOR FORMER CHILD SOLDIERS

Because many armed conflicts that use child soldiers occur in low-income countries, there are few resources that are capable of managing the serious mental health needs of child soldiers returning to the community after a war.[38] These countries have few psychiatrists, psychologists, and other mental health professionals, and therefore communities are left seeking mental health care from their traditional healers, the religious community, or possibly the general physicians. With few professionals who have years of extensive training in mental health, a feasible plan for care would draw on community resources and local coping.[6] However, many mental health and psychosocial interventions for former child soldiers are provided by Westerners, and therefore

are typically based on the Western notions of how to treat trauma: through the diagnosis and treatment of an individual.[39] A public mental health framework that includes prevention through treatment interventions would incorporate community, family, and social involvement.

Mental Health–focused Interventions

Clinical interventions should not only address the mental distress symptoms that former child soldiers may endure but also the impairment in functioning in society (eg, in school or in family and community responsibilities). Some former child soldiers experience severe mental health issues similar to depression, anxiety, and posttraumatic stress, which can affect relationships, parenting, and work. Interventions by the nongovernmental community typically focus on individual or group counseling. Because of the lack of available mental health professionals in many low-income/low-resource countries, longer-term, focused clinical interventions are typically not present.

Many studies report group-treatment models for war-affected youth, which may assist in scaling up services for those in need. An interventional study in northern Uganda on war-affected youth (with some former child soldiers) showed that group interpersonal therapy had more positive effects on depression in girls who were abducted than boys.[40] Short-term group crisis interventions have used the following modalities:

- Free play, storytelling, and drawing, to focus on a crisis period[41]
- Mind-body techniques[42]
- Dyadic mother-child therapy[43]
- School-based interventions[44]
- Trauma-focused/narrative exposure therapy[45]
- Supportive and cognitive-behavior therapy components[46]

Psychosocial Focused Interventions

Because several studies have shown that the social contexts of peer, family, and community are critical to former child soldiers,[47–48] interventions that include social and community factors are important in caring for this population. Community acceptance has been associated with adaptive attitudes and behaviors of former child soldiers, regardless of violence exposure.[12,33] Moreover, former child soldiers with lower exposure to current domestic violence had better family lives.[11] However, many psychosocial programs are found in unpublished manuals or internal nongovernmental organizational reports, with few undergoing rigorous evaluation. DDR programs can include community sensitization (in which noncombatants and former combatants join to discuss the reintegration process and facilitate communication). These programs are further enhanced and facilitated by family, education, vocational training, the payment of school fees, grants, and a myriad of reconciliation and skills programs. The Christian Children's Fund used a community empowerment approach with peace education and the United Nations Children's Fund (UNICEF) Community-based Reintegration Program established community-based child protection systems to provide educational and psychosocial support to former child soldiers.[49] Traditional healing practices are reported to be helpful in assisting the community acceptance of the child soldiers back into society. Cleansing ceremonies can represent community reconciliation by which former child soldiers can shed their contamination (for girl soldiers who were survivors of rape), and the community can show a willingness to reconcile.[50]

ROLE OF CHILD AND ADOLESCENT PSYCHIATRISTS

Skilled child and adolescent psychiatrists are uniquely positioned to understand the needs and strengths of children associated with armed forces. With an understanding of the biological, psychological, and social determinants of development and behavior, psychiatrists can integrate the effects of potential traumatic brain injuries, malnutrition, impaired child development, and medical complications with the normal and abnormal responses to extremely abnormal experiences. Child and adolescent psychiatrists can also emphasize and enhance awareness of the effects of social support (or lack thereof), education, and culture on the presentation and development of mental health issues. Child and adolescent psychiatrists take an ecological approach to human development[51] by integrating and paying attention to individual difficulties and inherent strengths, and the role of the family, school, and community; and take into account the wider sociopolitical contexts in which children are raised. Interventions have focused on mental health needs in general for former child soldiers, but little has been done for those with more severe needs. Child development is such that children with severe, chronic trauma may use and allocate their inner resources and strengths for survival instead of emotional growth, thereby hindering the development of emotion regulation skills and secure attachments and relationships.[52]

Global child and adolescent psychiatrists therefore weave the clinical, conceptual, and scientific treatments in the understanding of mental stress, and focus on the importance of children's rights, education, health, and social and community influences, which all play major roles in the well-being of all children worldwide. The dialogue around psychological issues for youth who have endured extraordinary circumstances will undoubtedly require an ethical approach,[53] strong understanding of the sociopolitical influences on each child's life, and flexibility in being able to integrate local ideology and means of healing with trials of interventions that have worked in similar communities and situations around the world. Child and adolescent psychiatrists are unique in that they can have a wide range of roles to affect child mental health, from direct treatment to the training of providers, as well as educating school and community workers as part of a public health approach.

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